



Incident Report

Print Date/Time: 09/14/2016 09:17
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00018055

Incident Date/Time: 9/12/2016 2:10:00 PM
Location: 7304 10TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 591-3887
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19R1	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WILLETT, JEFF		(425) 591-3887			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2004	Toyota	RAV4 (sport utility)		559KSG	BC
Involved Vehicle	Passenger Car	2012	Chevrolet	CRUZE		AGJ5399	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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09/12/2016 : 14:13:19 sp0251 Narrative: CORRECTION NOT COLD, JO

09/12/2016 : 14:12:56 sp0251 Narrative: LR251

09/12/2016 : 14:12:53 sp0251 Narrative: UNK DOT

09/12/2016 : 14:12:37 sp0251 Narrative: RP WILL BE NEXT TO A TOY RAVE 4

09/12/2016 : 14:12:02 sp0251 Narrative: CC JO COLD, HIT AND RUN , SUS INFO FLEEING VEH, SIL PC

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E584219**CASE # **2016-00018055**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **09** - **12** - **2016** **1410** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**10TH ST SE**BLOCK NO. ☒
MILE POST**7304**

DISTANCE

OF (REFERENCE OR CROSS STREET)

100 **00** MILES ☐ N ☐ E ☒ S ☐ W **SR 204**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

UNKN

MAKE

UNKN

MODEL

UNKN

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

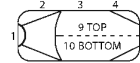
LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

9HELMET
USE**9**INJURY
CLASS**0**

NATURE OF INJURIES

LICENSE
PLATE #**AGJ5399**

STATE

WA

VIN#

1G1PD5SH9C7192378TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2012

MAKE

CHEV

MODEL

CRUZE

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

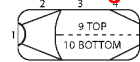
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **JEFF WILLETTTE 101 W GRAND AVE APT 1 GRANITE FALLS WA 982520000 D: 4255913837**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**ALLSTATE 987024550**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

A. MICHAEL #0144

BADGE OR ID #

0144

AGENCY

WA0311900PAGE 01 OF **4**

PART A 3000-345-159 R (7/06)


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E584219**CASE # **2016-00018055**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

V2 and V3 were parked facing north in a parking lot. Both owners were inside a nearby business and did not see any collision occur. They did see a younger blonde female walking around the business as if looking for someone. She then quickly got in her car and left the area. When they went to leave they saw that the rear portions of their cars had been struck by an unknown person.

Owner of V2 stated that the license plate for the suspicious vehicle had been either ACN3862 or ACN3682. Neither return to a registered owner that matches the description of the female.

There were no witnesses to the collision.

****** AUTO-POPULATED SECTION ******

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144

09-13-16 11:26 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 0079

DATE

9/14/2016 1:45:16 AM

BADGE OR ID #	0144	ORI #	WA0311900	TIME POLICE DISPATCHED	2:11 PM	TIME POLICE ARRIVED	2:20 PM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**

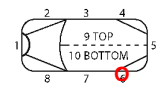

013197

REPORT NO. E584219
CASE # 2016-00018055
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # **USDOT** **IOC #** **VEHICLE TYPE** **CARGO BODY TYPE**
CARRIER NAME
CARRIER ADDRESS
CITY **ST** **ZIP**
NAME SOURCE **# AXLES** **GVWR** **PLACARD** **+** **NAME IF NO NUMBER**
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☒ **PHONE**
LAST NAME **UNKNOWN** **FIRST NAME** **MIDDLE INITIAL**
STREET NEW ADDRESS
CITY **ST** **ZIP**
CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # **STATE** **SEX** **U** **D.O.B.** **MMDDYYYY** - -
ON DUTY ☐ **STATUS** **AIRBAG** **9** **RESTR.** **9** **EJECT** **9** **HELMET USE** **9** **INJURY CLASS** **0** **NATURE OF INJURIES**
LICENSE PLATE # **559KSG** **STATE** **BC** **VIN#** **JTMBF31VX9D001178**
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR **2004** **MAKE** **TOYT** **MODEL** **RAV4** **STYLE** **4W** **VEHICLE TOWED** **YES** ☐ **NO** ☒ **TOWED BY** **GOVT. VEHICLE** **YES** ☐ **NO** ☒

 REGISTERED OWNER INFO. **BARBARA FRAYNE 1195 FRASER AVE COQUITLAM BC V3J5C4 D: 6047541349**
LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #**
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** **CHARGE**

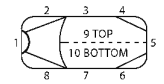
SHADE IN DAMAGED AREA


UNIT # **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE**
LAST NAME **FIRST NAME** **MIDDLE INITIAL**
STREET NEW ADDRESS
CITY **ST** **ZIP**
CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # **STATE** **SEX** **D.O.B.** **MMDDYYYY** - -
ON DUTY ☐ **STATUS** **AIRBAG** **RESTR.** **EJECT** **HELMET USE** **INJURY CLASS** **NATURE OF INJURIES**
LICENSE PLATE # **STATE** **VIN#**
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR **MAKE** **MODEL** **STYLE** **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** **GOVT. VEHICLE** **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #**
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** **CHARGE**

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144

INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

09-13-16 11:26 PM

DATED:

PLACE SIGNED

BADGE OR ID # **0144** **ORI #** **WA0311900** **APPROVED BY** **SUMMERS** **DATE** **9/14/2016** **PAGE** **3** **OF** **4**

REPORT NO. E584219

CASE # 2016-00018055

**DATE AND TIME
OF COLLISION** 09/12/16 14:10

Not Observed